## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

JCLA6090D-CIP

| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |   |   |                               |                                      |                  |                  |    | SMALL ENTITY TYPE  |                        |       | OTHER THAN SMALL ENTITY |                        |
|--|---|---|-------------------------------|--------------------------------------|------------------|------------------|----|--------------------|------------------------|-------|-------------------------|------------------------|
| TOTAL CLAIMS   |   |   | 20                            |                                      |                  |                  |    | RATE               | FEE                    | OF    | RATE                    | FEE -                  |
| F  | OR .  |   | NUMBER FILED                  |                                      | NUMBER EXTRA     |                  |    | BASIC FE           | +                      |       | BASIC FEE               | <del> </del>           |
| TO   | OTAL CHARGE   | ABLE CLAIMS                               | 20 minus 20=                  |                                      | · D              |                  |    | XS 9=              | <del> </del>           | 1     |                         |                        |
| INI  | DEPENDENT C   | LAIMS                                     | 7 minus 3 =                   |                                      | * Ø              |                  |    |                    | <u> </u>               | OR    | <del></del>             |                        |
| Μι   | JLTIPLE DEPE  | NDENT CLAIM P                             | 1                             |                                      |                  |                  |    | X43≐               | <del> </del>           | OR    | X86=                    | ļ                      |
|  |   |   |                               | and the property of the WOV in       |                  |                  | ·  | +145=              |                        | OR    | ÷290=                   |                        |
| - II   |   | •   |                               | ess than zero, enter "0" in column 2 |                  |                  |    | TOTAL              |                        | OR    | TOTAL                   | 770                    |
|  |   | (Column 1)                                | MENDED - PART II<br>(Column 2 |                                      |                  | (Column 3)       | _  | SMALL              | ENTITY                 | OR    | OTHER<br>SMALL          |                        |
| AMENDMENT A  | ·   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                               | HIGHE<br>NUME<br>PREVIO<br>PAID F    | BER              | PRESENT<br>EXTRA | RA | RATE               | ADDI-<br>TIONAL<br>FEE |       | RATE                    | ADDI-<br>TIONAL<br>FEE |
|  | Total   | *   | Minus                         | **                                   |                  | =                |    | XS 9=              |                        | OR    | X\$18=                  |                        |
|  | Independent   |   |                               |                                      |                  |                  |    | · X43=             |                        | OR    | X86≃                    |                        |
|  | FIRST PRESE   | ENTATION OF MI                            | JLTIPLE DEF                   | PENDENT                              | CLAIM            |                  |    | +145=              |                        |       | +290=                   |                        |
|  |   |   | •                             |                                      |                  |                  | į. | TOTAL              |                        | OR    | TOTAL                   |                        |
| (Column 1) (Column 2) (Column 3)   |   |   |                               |                                      |                  |                  |    | ADDIT. FEE         |                        | JOR , | ADDIT. FEE              |                        |
| AMENDMENT B  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                               | HIĞHE<br>NUMB<br>PREVIO<br>PAID F    | ST<br>ER<br>USLY | PRESENT<br>EXTRA |    | RATE               | ADDI-<br>TIONAL<br>FEE |       | RATE                    | ADDI-<br>TIONAL<br>FEE |
|  | Total   | *   | Minus                         | ** .                                 |                  | =                |    | X\$ 9=             |                        | OR    | X\$18=                  |                        |
|  | Inaependent   | *   | Minus                         | ***                                  |                  | =                |    | X43=               |                        | OR    | X86=                    |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                      |   |                               |                                      |                  |                  |    | +145=              |                        | OR    | +290=                   |                        |
|  |   |   |                               |                                      |                  |                  |    | TOTAL<br>DDIT. FEE |                        | OR ,  | TOTAL<br>ADDIT, FEE     | •                      |
|  |   |   |                               |                                      | .,               | ADDII. FEE       |    |                    |                        |       |                         |                        |
| AMENDMENT C  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                               | HIGHE<br>NUMBI<br>PREVIOL<br>PAID FO | ER<br>JSLY       | PRESENT<br>EXTRA |    | RATE               | ADDI-<br>TIONAL<br>FEE |       | RATE                    | ADDI-<br>TIONAL<br>FEE |
|  | Total ·   | *   | Minus                         | **                                   |                  | =                | Γ  | X\$ 9=             |                        | OR    | X\$18=                  |                        |
| AME  | Independent   |   | Minus                         | ***                                  |                  | =                |    | X43=               |                        |       | X86=                    | <del></del>            |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                      |   |                               |                                      |                  |                  | -  | +145=              |                        | OR    |                         |                        |
| • If   | If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |   |                               |                                      |                  |                  |    |                    |                        | OR    | +290=                   |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  TOTAL ADDIT. FEE  ADDIT. FEE  TOTAL ADDIT. FEE  ADDIT. FEE  TOTAL |   |   |                               |                                      |                  |                  |    |                    |                        |       |                         |                        |